

Figure 1

~ 16

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YES

~~NO~~

Obtain Information to Complete Document

**Store, Return, or Destroy
Original Document**

Figure 2

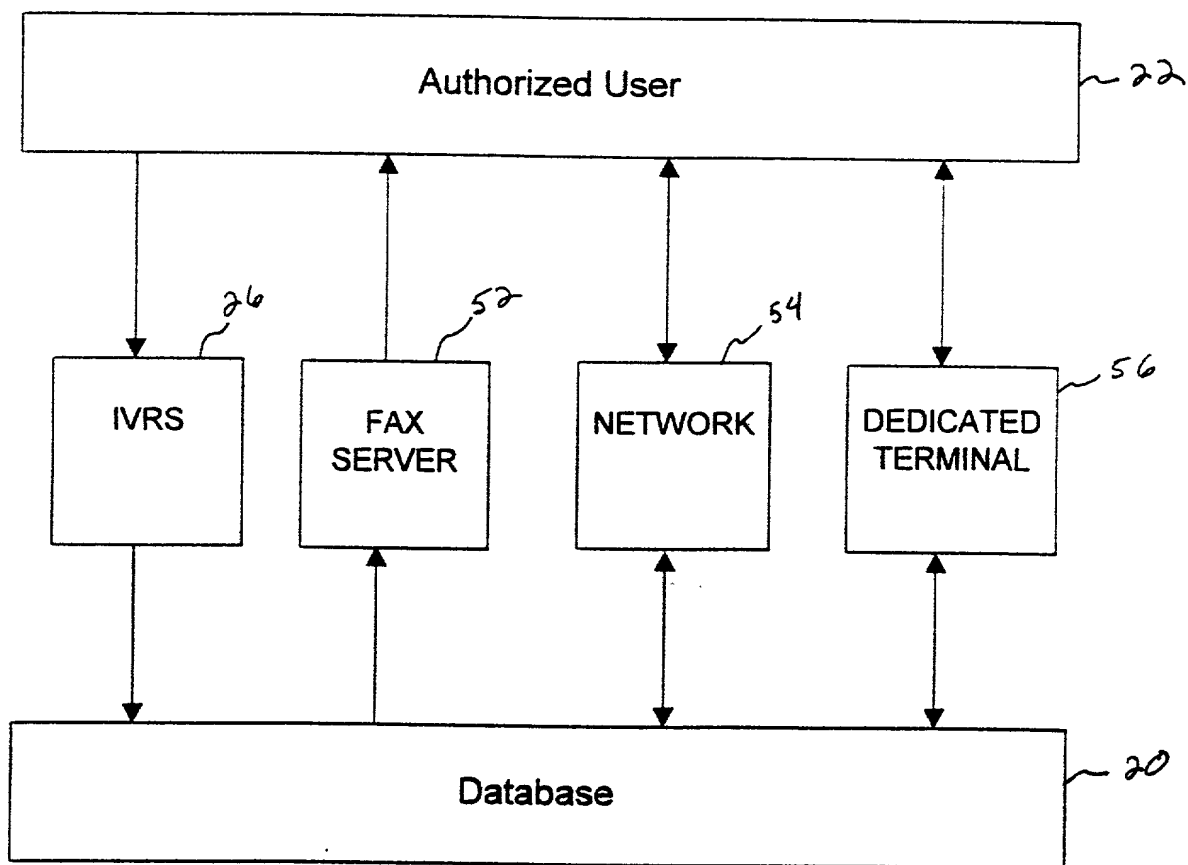


Figure 3.

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0	1	2	3	4	5	6	7	8	9
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0	1	2	3	4	5	6	7	8	9

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SSN:

Doctor: _____

DOB

(fill in appropriate
numbered bubbles)

LIVING WILL DECLARATION

Declaration made this _____ day of _____ (month, year)

I, _____ being at least eighteen (18) years of age and of sound mind, wilfully and voluntarily make own my desires that my dying shall not be artificially prolonged under the circumstances set forth below, and I declare

If at any time my attending physician certifies in writing that: (1) I have a terminal condition because of an incurable injury, disease or illness; (2) my death will occur in a short period of time; (3) the use of life-prolonging procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the performance or provision of any medical procedure or medication necessary to provide me with comfort-care or to alleviate pain, and if I have so indicated below, the provision of artificially supplied nutrition and hydration. (Indicate your choice before signing this declaration.)

_____ If any time I have an incurable injury, disease or illness determined to be a terminal condition, I request the use of life-prolonging procedures that would extend my life. This includes appropriate nutrition and hydration, and the administration of medication, and the performance of all other medical procedures necessary to extend my life, to provide comfort care or to alleviate pain.

_____ I do not wish to receive artificially supplied nutrition and hydration if the effort to sustain life is futile or excessively burdensome to me. My attending physician has determined that my death will occur within a short period of time, and the use of life-prolonging procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and I be permitted to die naturally

_____ I intentionally make no decision concerning artificially supplied nutrition and hydration, leaving the decision to my health care representative appointed under I.C. 16-36-1-7 or my attorney in fact with health care powers under I.C. 30-5-5.

In the absence of my ability to give directions regarding the use of life-prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of the refusal.

I understand the full impact of this declaration.

Signed _____

City, County, and State of
Residence _____

The declarant has been personally known to me, and I believe him/her to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not entitled to any part of the declarant's estate or financially responsible for the declarant's medical care. I am competent and at least: eighteen (18) years of age.

FIG. 4